

▲ ANAPHYLAXIS MANAGEMENT

▲ NQS

Element 2.1.1: Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation

Element: 2.2.2 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Element: 6.1 Respectful relationships with families are developed and maintained and families are supported in their parenting role.

Early Childhood and Care Services National Regulations: 89; 90-95; 162

▲ PURPOSE

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two percent of the general population and up to five percent (0-5 years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications.

Young children may not be able to express the symptoms of anaphylaxis. A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device.

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service;
- Ensure that educators respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device commonly called an EpiPen®
- Raise the service community's awareness of anaphylaxis and its management through education and policy implementation.

▲ POLICY

FROEBEL recognises the importance of all educators / carers responsible for children at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device EpiPen®

Educators/ carers and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Educators/ carers should not have a false sense of security that an

allergen has been eliminated from the environment. Instead the licensee recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

We believe that the safety and wellbeing of children who are at risk of anaphylaxis is a 'whole-community' responsibility. The centre is committed to: providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences;

- Raising awareness about allergies and anaphylaxis amongst the service community and children in attendance;
- Actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child;
- Ensuring each educator and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures;
- Facilitating communication to ensure the safety and well being of children at risk of anaphylaxis.

▲ PROCEDURES

We will:

- Aim that all educators have completed an approved first aid an anaphylaxis management training, updated at least every three years;
- Ensure there is an up to date anaphylaxis management policy in place;
- Ensure that the policy is provided to a parent/guardian of each child diagnosed at risk of anaphylaxis at the centre;
- Ensure that all educators at the centre, whether or not we have a child diagnosed at risk of anaphylaxis, undertakes training in the administration of the adrenaline auto-injection Epipen®, device and cardio-pulmonary resuscitation every 12 months. It is recommended that practice with the trainer auto-injection device is undertaken on a regular basis.

In the event that a child diagnosed at risk of anaphylaxis is enrolled with the centre, we will also;

- Conduct an assessment of the premises for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the service in consultation with educators and the families of the child/ren.
- Ensure that a notice is displayed prominently in the group rooms of the centre stating that a child diagnosed at risk of anaphylaxis is being cared for at the centre;

- Ensure educators on duty, whenever a child diagnosed at risk of anaphylaxis is being cared for, have completed approved training in the administration of anaphylaxis management and that practice of the adrenaline auto-injection device is undertaken on a regular basis.
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the centre without the device;
- Implement a communication strategy and encourage ongoing communication between parents/guardians and educators regarding the current status of the child's allergies, this policy and its implementation;
- Display an Australasian Society of Clinical Immunology and Allergy Inc (ASCIA) generic poster called *Action Plan for Anaphylaxis* in a key location at the service, for example in the children's room, the educators room or near the medication cabinet;
- Display an emergency contact card by the telephone;
- Comply with the procedures outlined in this policy;
- Ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstance which the medication should be used;
- Ensure that all educators in the service know the location of the anaphylaxis medical management plan, that a copy is kept with the auto-injection device kit;
- Ensure that the educators accompanying children outside the centre carry the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.

Educators responsible for the child at risk of anaphylaxis shall:

- Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to educators;
- Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis;
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction
 - Call an ambulance immediately by dialling 000
 - Commence first aid measures
 - Contact the parent/ guardian
 - Contact the person to be notified in the event of illness if the parent/ guardian cannot be contacted
- Practice the administration procedures of the adrenaline auto-injection device using an auto injection device trainer and 'anaphylaxis scenarios' on a regular basis
- Ask all parents/ guardians as part for the enrolment procedure, prior to their child's attendance at the centre, whether the child has allergies and document

this information on the child's enrolment record. If the child has severe allergies, ask the parents/ guardians to provide a medical management action plan signed by a Registered Medical Practitioner;

- Ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy of the child's anaphylaxis medical management action plan) is provided by the parent/ guardian for the child while at the centre;
- Ensure that the auto-injection device kit is stored in a location that is known to all educators, including relief educators, easily accessible to adults (not locked away); inaccessible to children and away from direct sources of heat;
- Ensure that the auto injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by an educator accompanying the child when the child is removed from the centre. E.g. on excursions that this child attends.
- Regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month);
- Provide information to the centre community about resources and support for managing allergies and anaphylaxis
- Comply with the procedures outlined in this policy.

Parents/ guardians of children shall:

- Inform educators at the centre, either on enrolment or on diagnosis, of their child's allergies;
- Develop an anaphylaxis risk minimisation plan with educators
- Provide educators with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan;
- Provide educators with a complete auto-injection device kit;
- Regularly check the adrenaline auto-injection device expiry date;
- Assist educators by offering information and answering any questions regarding their child's allergies;
- Notify the educators of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes;
- Communicate all relevant information and concerns to educators, for example, any matter relating to the health of the child;
- Comply with the centre's policy that no child who has been prescribed an adrenaline auto injection device is permitted to attend the centre or its programs without that device;
- Comply with the procedures outlined in this policy.

Risk minimisation plan

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed 'at-risk' of anaphylaxis from accidental exposure to food allergens;

In relation to the child 'at risk'

- This child should only eat food that has been specifically prepared for him/her;
- All food for this child should be checked and approved by the child's parent/guardian and be in accordance with the risk minimisation plan;
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/ guardians for this child should be clearly labelled with the child's name;
- There should be no trading or sharing of food, food utensils and containers with this child;
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities;
- Parents/guardians should provide a safe treat box for their child;
- Where this child is very young, provide his/ her own high chair to minimise the risk of cross-contamination;
- When the child diagnosed 'at- risk' of anaphylaxis is allergic to milk, ensure non-allergic babies are held when they drink formula/ milk;
- Increase supervision of this child on special occasions such as excursions.

In relation to other practices at the centre:

- Ensure tables, high chairs and bench tops are washed down after eating;
- Ensure hand washing for all children before and after eating and, if the requirement is included in a child's anaphylaxis medical management action plan, on arrival at the children's service;
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of children;
- Educators should discuss the use of foods in activities with the parent/guardian of a child at risk of anaphylaxis and these foods should be consistent with the risk minimisation plan;
- All children need to be closely supervised at meal and snack times and consume food in specified areas to minimise risk, children should not 'wander around' the centre with food;
- Educators should use non-food rewards, for example stickers, for all children;
- The risk minimisation plan will inform the centre's food purchases and menu planning;
- Food preparation personnel (educators and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during

the handling, preparation and serving of food, such as careful cleaning of food preparation areas and utensils;

- Where food is brought from home to the service, all parents/ guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

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Enrolment Check List for Children at Risk of Anaphylaxis

- A risk minimisation plan is completed in consultation with the parent/guardian, which includes strategies to address the needs of each child at risk of anaphylaxis and this plan is implemented;
- Parents/ guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of the centre's Anaphylaxis Management Policy;
- All parents/ guardians are made aware of the Anaphylaxis Management Policy;
- Anaphylaxis medical management action plan for the child is signed by the child's Medical Practitioner and is visible to all educators.
- A copy of the anaphylaxis medical management action plan is included in the child's auto injection device kit;
- Adrenaline auto-injection device (within expiry date) is available for use at any time the child is in the care of the centre;
- Adrenaline auto injection device is stored in an insulated container (auto-injection device Kit) In a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat;
- All educators, including relief educators are aware of each auto injection device kit location and the location of the anaphylaxis medical management action plan;
- Educators who are responsible for the child/ren diagnosed 'at- risk' of anaphylaxis undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practice with an auto-injection device trainer, and is reinforced at regular intervals and recorded annually
- The services' emergency action plan for the management of anaphylaxis is in place and all educators understand the plan;
- A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis
- Parent/ guardians current contact details are available;
- Information regarding any other medication or medical conditions (for example asthma) is available to educators;
- If food is prepared at the service, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis.

Sample Risk Minimisation Plan for Anaphylaxis

The following suggestions may be considered when developing or reviewing a child's risk minimisation plan in consultation with the parent/ guardian.

How well has the centre planned for meeting the needs of children with allergies who are at risk of anaphylaxis?

1. Who are the children?	<ul style="list-style-type: none"> List names and room locations of each of the at-risk children
2. What are they allergic too?	<ul style="list-style-type: none"> List all the known allergens for each of the at-risk children List potential sources of exposure to each known allergen and strategies
3. Does everyone recognise the at-risk children?	<ul style="list-style-type: none"> List the strategies for ensuring that all educators, including relief educators and cooks, recognise each of the at-risk children Confirm where each child's Action Plan (including the child's photograph) will be displayed.

Do families and educators know how the service manages the risk of anaphylaxis?

- Record when each family of an 'at-risk' child is provided a copy of the centre's Anaphylaxis management policy
- Record when each family member provides a complete auto-injection device kit Ensure † that all educators, including relief educators, know where the auto-injection device kit is kept for each 'at-risk' child;
- Regular checks of the expiry date of each adrenaline auto-injection device are undertaken by a nominated educator and the families of each at risk child
- Centre writes to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen. This may include requesting the following are not sent to the centre
 - Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg, chocolate, sesame;
 - Food packaging of risk foods (see known allergens at point 2), for example cereal boxes, egg cartons and so on.
- A new written request is sent to families if the food allergens change
- Ensure all families are aware of the policy and that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the centre without that device;

- The centre displays the ASCIA generic poster, and action plan for anaphylaxis, in a key location and a completed emergency contact card by the telephone/s;
- The auto-injection device kit including a copy of the anaphylaxis medical management action plan is carried by an educator when a child is leaving the centre; e.g. for excursions.

Do all educators know how the centre aims to minimise the risk of a child being exposed to an allergen?

- Think about times when the child could potentially be exposed to allergens and develop appropriate strategies, including who is responsible for implementing them (see following section for possible exposure scenarios and strategies).
- Menus are planned in conjunction with parents/ guardians of at risk children:
 - Food for the at-risk child is prepared according to their parents'/ guardians' instructions to avoid the inclusion of food allergens;
 - As far as practical the food on the menu for all children should not contain ingredients such as milk, egg, and peanut/ nut or sesame products to which the child is at risk
 - The 'at-risk' child should not be given food if the label for the food states that the food may contain traces of a known allergen.
- Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens;
- Consider the safest place for the at-risk child to be served and consume food, while ensuring they are socially included in all activities and ensure this location is used by the child,
- Centre develops procedures for ensuring that each at risk child only consumes food prepared specifically for him/ her;
- NO FOOD is introduced to a baby if the parent/ guardian has not previously given this food to the baby;
- Ensure each child enrolled at the centre washes his/ her hands before and after eating and on arrival if required, as part of a child's medical management plan;
- Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the 'at- risk' child/ren and the reasons for this;
- Bottles, other drinks and lunch boxes provided by the family of the 'at- risk' child should be clearly labelled with the child's name;
- A safe 'treat box; is provided by the family of each at risk child and used by the centre to provide 'treats to the 'at risk' child as appropriate.

Do relevant people know what action to take if a child has an anaphylactic reaction>

- Know what each child's anaphylaxis medical management action plan says and implement it;
- Know who will administer the auto-injection device and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of

the other children; who will let the ambulance officers into the centre and take them to the child?

- All educators with responsibilities for 'at-risk' children have undertaken anaphylaxis management training and undertake regular practice sessions for the administration of the auto-injection device.

How effective is the service's risk minimisation plan?

- Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each 'at risk' child and after any incident or accidental exposure.

Possible exposure scenarios and strategies

Scenario	Strategy	Who
Food is provided by the children's service and a food allergen is unable to be removed from the services menu (for example milk)	<ul style="list-style-type: none"> • Menus are planned in conjunction with parents of at risk child/ren and food is prepared according to parent's instructions. • Alternatively, the parent provides all for the food for the at-risk child 	Cook, Primary Contact, Parent
	<ul style="list-style-type: none"> • Ensure separate storage of foods containing allergen 	Nominated Supervisor and cook
	<ul style="list-style-type: none"> • Cook and educators observe food handling preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children's eating area, food utensils and containers. 	Cook, Educators
	<ul style="list-style-type: none"> • There is a system in place to ensure that 'at-risk; child is serviced only the food prepared for him/ her 	Cook, Educators
	<ul style="list-style-type: none"> • An 'at-risk' child is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child's food. This place is not separate from all children and allows social inclusion at mealtimes. 	Educators
	<ul style="list-style-type: none"> • Children are regularly reminded of the importance of no food sharing with the 'at-risk' child 	Educators



	<ul style="list-style-type: none">• Children are supervised during eating	Educators
Party of Celebration	<ul style="list-style-type: none">• Give plenty of notice to families about the event	Nominated Supervisor, educators
	<ul style="list-style-type: none">• Ensure a safe treat box is provided for the 'at-risk' child	Parent, Educators
	<ul style="list-style-type: none">• Ensure the 'at-risk' child only has the food approved by his/ her parent/guardian	Educators
	<ul style="list-style-type: none">• Specify a range of foods that families may send for the celebration and not a foods and ingredients that should not be sent	Nominated supervisor/ primary contact.
Protection from insect stings allergies	<ul style="list-style-type: none">• Specify play areas that are lowest risk to the 'at-risk' child and encourage him/ her and peers to play in the area	Educators
	<ul style="list-style-type: none">• Decrease the number of plats that attract bees	Nominated Supervisor
	<ul style="list-style-type: none">• Ensure that the 'at-risk child wears shoes at all times outdoors	Educators
	<ul style="list-style-type: none">• Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the 'at-risk' child during the period required to eradicate insects	Nominated supervisor
Latex allergies	<ul style="list-style-type: none">• Avoid the use of party balloons or contact with latex gloves	Educators
Cooking with children	<ul style="list-style-type: none">• Ensure parents/ guardians of the 'at-risk' child are advised well in advance and included in the planning process	Educators
	<ul style="list-style-type: none">• Parents may prefer to provide the ingredients themselves.	

▲ SOURCES AND FURTHER READING

- Education and Care Services National Regulations
- National Quality Standards
- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.
- Royal Children's Hospital, Department of Allergy, at www.rch.org.au/allergy/,
- provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child's allergies and if necessary, provide an adrenaline auto-injection device prescription, as well as to purchase auto-injection device trainers.
- Royal Children's Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children's services staff and parents.
- Department of Education and Early Childhood Development website at www.education.vic.gov.au/anaphylaxis provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.
- www.allergysafe.com.au

▲ ASSOCIATED POLICIES

- Administering First aid and CPR
- Asthma Management Policy
- Allergies Policy
- Enrolment and Orientation
- Food Preparation and Serving and Storage Policy
- Medical Conditions Policy
- Medication

▲ POLICY REVIEW

- The Centre (together with educators) will review this policy every 12 months.
- The Approved Provider and Nominated Supervisor ensure that all educators maintain and implement this policy and its procedures at all times.
- Families are encouraged to collaborate with the Centre to review the policy and procedures.
- **Last review:** 31.07.2023
- **Next review:** 31.07.2023